

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90022 022 ***150.00

DOCUMENT # K09703

1. Entity Name

HAYWARD'S HEATH INVESTMENTS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O TJ MULLIN
2655 LEJEUNE RD, PH2
CORAL GABLES FL 33134
US

C/O T J MULLIN
2655 LEJEUNE RD, PH2
CORAL GABLES FL 33134
US

2. Principal Place of Business

3. Mailing Address

200 S. Biscayne Blvd

200 S. Biscayne Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2000

Suite 2000

City & State

City & State

Miami, FL

Miami, FL

Zip

Country

Zip

Country

33131

US

33131

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MULLIN, TERRANCE J
2655 LEJEUNE RD, PH2
CORAL GABLES FL 33134

Name Terrance J. Mullin

Street Address (P.O. Box Number is Not Acceptable)

200 South Biscayne Blvd.

Suite 2000

City Miami

FL

Zip Code 33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-2-01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPS	<input type="checkbox"/> Delete
NAME	ECHAVARRIA, LUIS F.	
STREET ADDRESS	C/O T J MULLIN, 2655 LEJEUNE RD, PH2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	ECHAVARRIA, STELLA	
STREET ADDRESS	C/O T J MULLIN, 2655 LEJEUNE RD, PH2	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	c/o TJ Mullin, 200 S. Biscayne Blvd.	
STREET ADDRESS	Suite 2000	
CITY-ST-ZIP	Miami, FL 33131	
TITLE	c/o TJ Mullin	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 S. Biscayne Blvd.	
STREET ADDRESS	Suite 2000	
CITY-ST-ZIP	Miami, FL 33131	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/01

Date

786.777.800

Daytime Phone #

CR2E034 (10/00)